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SERIAL NUMBER 09/841,363	FILING OR 371(c) DATE 04/24/2001 RULE	CLASS 422	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. 4785.2US
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/128,918 08/04/1998 PAT 6,325,978 *✓*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *✓* \*\* SMALL ENTITY \*\*  
 \*\* 06/11/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>M</i> Examiner's Signature <i>✓</i> Initials
STATE OR COUNTRY	WA
SHEETS DRAWING	16
TOTAL CLAIMS	35
INDEPENDENT CLAIMS	1

## ADDRESS

24247

## TITLE

Oxygen monitoring apparatus

FILING FEE RECEIVED 705	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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